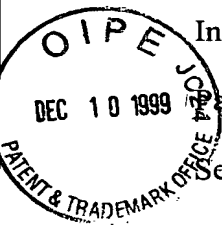


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of

Paul M. Defourny and Fereidoun Abbassian

Serial No.: 08/696,986

Filed: March 3, 1997

For: *Drilling Bit Assembly
and Apparatus*

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Attorney Docket No.: DBS-38-A

Art Unit No.: 3672

Examiner: David J. Bagnell

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E. Oley
12/16/99

3/21/00
10/21/99

AMENDMENT

Box AF
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Responsive to the Office Action mailed September 7, 1999, Applicants desire to amend as follows:

In the Drawings

Upon the indication of the application being allowable, Applicant will submit drawing corrections and corrections to the pertinent portions of the specification referring to section lines that include Arabic or Roman numerals.

In the Claims

With regard to renumbering of the claims, Applicants will refer to the claims presently in the application in the manner indicated by the Examiner's last Office Action. Specifically, the claims remaining in the application, prior to entry of the present amendment are 70-78 and 82-92.

Please cancel Claim 89.

Please amend Claims 70 and 86 as follows:

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AFI GAV 3672

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Paul M. Defourny and Fereidoun Abbassian**

Docket No.

DBS-38-ASerial No.
08/696,986Filing Date
March 3, 1997Examiner
David J. BagnellGroup Art Unit
3672Invention: **Drilling Bit Assembly and Apparatus****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**


Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$78.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **02-4345**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: **December 7, 1999**

Carlos A. Torres, Reg. No. 24,264
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Houston, Texas 77057
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Fax: (713) 266-5169

I certify that this document and fee is being deposited on **12.7.99** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



Signature of Person Mailing Correspondence

Carlos A. Torres

Typed or Printed Name of Person Mailing Correspondence

cc: